

REMARKS

The Applicants thank the Examiner and her supervisor for their review of the present claims and for the telephone conference of February 26, 2004. The Applicants have amended the claims that were under review during the conference to include the limitations suggested by the Examiner and her supervisor. The Applicants believe that the claims are now allowable and requests reconsideration of the Examiner's rejections.

Claim Rejections - 35 U.S.C. §103:

The Examiner has rejected claims 1-15 as being unpatentable over Spurgeon (U.S. Pat. No. 5,890,129) in view of Cullen et al. (U.S. Pat. No. 6,272,528). In response, the Applicants have amended independent claims 1, 7, 14, 15. The Applicants believe that the newly amended claims overcome the cited prior art as discussed below.

According to §2143 of the MPEP, to establish a prima facie case of obviousness, three basic criteria must be met. First, there must be some suggestion or motivation, either in the references themselves or in the knowledge generally available to one of ordinary skill in the art to combine the reference teachings. Second, there must be a reasonable expectation of success. Finally, the prior art reference must teach or suggest all the claim limitations. Applicants believe that the combination of cited references do not teach or suggest multiple limitations of the amended claims.

Spurgeon is directed to an information-exchange system for controlling the exchange of business and clinical information between an insurer and multiple health care providers. The system includes an information-exchange computer that is connected over a local area network to an insurer computer using a proprietary database and over the Internet to health-care provider computers using open database-compliant databases. The information-exchange computer receives subscriber insurance data from the insurance computer database, translates the insurance data into an exchange database, and pushes the subscriber insurance data out over the Internet to the computer operated by the health-care provider assigned to each subscriber. The information-exchange system stores the data in the provider database. The

information-exchange system also provides for the preparation, submission, processing, and payment of claims over the local area network and with push technology over the Internet. In addition, prior authorization requests may be initiated in the provider computers and exchanged over the information-exchange system for review by the insurer computer. Processed reviews are transmitted back to the provider computer and to a specialist computer, if required, using push technology over the Internet.

Cullen is directed to a computer for the delivery of financial services, such as banking, general insurance, life assurance, pensions and investments, loans and mortgages, and financial planning and advisory services. The system comprises a number of user computers connected to a plurality of server computers by way of a network, such as the Internet. The system creates at least one mobile agent which obtains details of a user's requirements, obtains financial information from the server computers on behalf of the user in the light of the user's requirements, and then transports itself to the user's computer to deliver the financial information to the user.

Applicants have amended independent claims 1, 6 and 7 to clarify its invention. Support for the amendments can be found in the application and no new matter has been entered. As discussed at length during the conference, the Applicants have amended the claims to clarify the various steps of the method and components of the system. Additionally, the Applicants have clarified that the objective evaluation data is historical, that the agent systems are independent of payer systems, and that the evaluation data consists of price, features, turnaround time, ancillary services, guarantees and customer service information.

The Applicants do not believe that the cited references teach or suggest these limitations. The references do not teach or suggest the processing of administrative data including billing, reimbursement, credentialing, preauthorization and collection data. Furthermore, the references do not teach or suggest creating objective historical evaluation data by tracking administrative data transferred between service provider systems and practice management agent systems. As specified in amended claims, the

Applicants' invention tracks administrative data which includes billing data, reimbursement, credentialing, pre-authorization and collection data. From this data, the system creates objective, historical evaluation data consisting of price, features, turnaround time, ancillary services, guarantees, and customer service. The references to not teach or suggest these functions.

The tracking of data occurs, in part, while practice management agent systems and physician practice groups use the system to exchange formatted administrative data information. Spurgeon discloses a system for exchanging health care insurance information. *See* Spurgeon column 3, lines 1-17. The system translates, reformats, transmits and receives information between an insurer and a health services provider. *See id* col. 4, lines 30-42. Again, there is no tracking or creation of objective, historical evaluation data by tracking administrative data.

Similarly, the references do not teach or suggest providing objective, historical evaluation data to a medical services provider. Just as the references do not teach or suggest the creation of objective, historical evaluation data, they do not teach or suggest providing objective, historical evaluation data. The references are unrelated to facilitating an objective selection of a practice management agent by a medical service provider from a plurality of practice management agents.

Claims 2-5 depend on claim 1 and contain all of its limitations. For the reasons discussed claims 2-5 are not obvious in light of Spurgeon and Cullen as the references do not teach or suggest multiple claim limitations.

With regard to claim 6, the Applicants have amended the claim so that it contains many of the limitations of claim 1. As such, for the reasons discussed above,


With regard to claim 7, Applicants have amended the claim to include the limitations of claim 1. For the reasons discussed above, claim 7 is not obviated by the combination of cited references.

Likewise, claim 10 depends from claim 7 and contains its limitations. For the reasons discussed above, the claim is allowable.

Claims 8, 9, 11-15 have been cancelled.

No fees are considered to be due; however, if it is determined that payment of a fee is required, please charge our Deposit Account No. 13-0235.

Respectfully submitted,

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